



Standard Form 3105  
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## Documentation in Support of Disability Retirement Application

*Includes Information,  
Instructions, and  
Most Necessary Forms*

### INTRODUCTION

This package contains the forms that you, your agency, and your physician need to complete to document your claim for disability retirement under the Federal Employees' Retirement System (FERS) and the measures which have been taken (such as accommodation, reassignment, etc.) to maintain your continued employment.

You should consider applying for disability retirement only after you have provided your employing agency with complete documentation of your medical condition, and your agency has exhausted all reasonable efforts to retain you in a productive capacity, through accommodation, reassignment, etc. ("Accommodation" means an adjustment to a job and/or work environment that enables a qualified handicapped person to perform the duties of that position.)

It is your responsibility, as the applicant, to obtain and submit documentation which is sufficient for the Office of Personnel Management to determine whether you meet the criteria for FERS disability benefits.

It is also your responsibility to document that you have applied for social security disability benefits. Your application cannot be completely processed without this information.

### ELIGIBILITY

You must meet all of the following conditions to be eligible for disability retirement:

1. You must be serving in a position subject to the Federal Employees' Retirement System.
2. You must have completed at least 18 months of Federal civilian service which is creditable under FERS.
3. You must, while employed in a position subject to the retirement system, have become disabled, because of disease or injury, for useful and efficient service in your current position. (Useful and efficient service means fully successful performance of the critical or essential elements of the position -- or the ability to perform at that level, and satisfactory conduct and attendance.) The disability must be expected to last at least one year from the date you became disabled.

4. Your agency must certify that it is unable to accommodate to your disabling condition in your present position and that it has considered you for any vacant position for which you are qualified. (An employee of the postal service is considered not qualified for reassignment if it is to a position in a different craft or if it is inconsistent with the terms of a collective bargaining agreement covering the employee.)
5. You, or your guardian or other interested person, must apply before your separation from service, or within one year thereafter. This time limit can only be waived in certain instances involving incompetence.

Note: If you are a Military Reserve Technician being separated from your position because of a disability that disqualifies you from membership in the Military Reserve or from holding the military grade required for your employment, special provisions may apply to you. Contact your employing agency for the necessary information.

### APPLYING FOR BENEFITS

This package contains the following forms:

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|---------------------|--|
| Standard Form 3105A | - Applicant's Statement of Disability                            |
| Standard Form 3105B | - Supervisor's Statement   |
| Standard Form 3105C | - Physician's Statement  |
| Standard Form 3105D | - Agency Certification of Reassignment and Accommodation Efforts |
| Standard Form 3105E | - Disability Retirement Application Checklist                    |

These forms should be completed as instructed below and on the forms themselves, and should be returned to your employing agency with your completed SF 3107, Application for Immediate Retirement. (Your agency will tell you where and how to return them.)

Your employing agency will add documentation already on file, and review all of the available information to determine whether any reasonable accommodation or reassignment can be made to permit you to continue working. If your agency determines that this is not possible, it will make certification of that determination, assemble all relevant forms and documents, and submit the entire package to FERS.

OPM will make a disability determination based on the information received with your application. You should review this package and the SF 3107 carefully to assure that the completed forms contain all the necessary information, and that you are submitting any additional documentation which you believe will help substantiate your claim. A disability application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, attendance or conduct, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as a health impairment resulting from a disease or injury, including a psychiatric disease.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least a year from the date the employee became disabled.

5. The applicant's inability to render useful and efficient service arose while the employee was serving under the Federal Employees' Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The agency's consideration of the employee for reassignment to any available position within the employing agency and commuting area, at the same grade and pay level, for which the employee is qualified.

#### **INSTRUCTIONS FOR COMPLETING APPLICATION**

Type or print clearly. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number written at the top. If you do not know the answer write "unknown." If you are unsure of information (for example, you do not know an exact date), answer to the best of your ability, followed by a question mark (?).

#### **DO NOT SEND ANYTHING DIRECTLY TO THE FEDERAL EMPLOYEES' RETIREMENT SYSTEM, OFFICE OF PERSONNEL MANAGEMENT, UNLESS SPECIFICALLY INSTRUCTED TO DO SO.**

The following additional information should help you to answer those questions on the application which are not entirely self-explanatory.

#### **Standard Form 3105A - Applicant's Statement of Disability**

11. Attach the receipt from the Social Security Disability Application form (SSA Form 16-76) or your social security award statement.

#### **Standard Form 3105B - Supervisor's Statement**

Give this form to your supervisor, with your Applicant's Statement of Disability. Your supervisor will complete the form to furnish and certify information concerning your performance, attendance, and conduct and about any attempts made by the supervisor to accommodate you.

The information your supervisor provides will be used together with the medical documentation you submit to determine if your service was useful and efficient or could become useful and efficient through reasonable accommodation of your disability. The relationship of your medical condition(s) and service deficiencies must also be established.

Instructions and guidelines for use by your supervisor in completing and certifying these sections are on the back of the form.

After completion, your supervisor will give you a copy of the form. If you disagree with any statement made by your supervisor on the form, this should be reconciled with your supervisor and/or your employing office.

#### **Standard Form 3105C - Physician's Statement**

Note: If complete, current medical documentation has been submitted to your agency within the last 90 days, you may not need to obtain additional medical documentation. However, you should review the

information on the form carefully to be sure the documentation meets all requirements.

Complete Section A, Identifying Information and Consent. Then give the form and a copy of your position description to the physician from whom you are requesting medical documentation. You may also want to include a copy of your performance standards. Two copies of the form have been included in this package so that you can obtain medical documentation from more than one physician, if needed.

Section B provides the physician with both general and specific information about the medical documentation which is needed by FERS in order to make a disability decision. The physician you select is to provide, at no expense to FERS, documentation which meets the requirements stated, on his or her letterhead stationery.

#### **Standard Form 3105D - Agency Certification of Reassignment and Accommodation Efforts**

This form is to be completed by your employing agency's Coordinator for Employment of the Handicapped, or other authorized agency official. Your agency must give you a copy of the completed form. The purpose of this form is to insure that all reasonable efforts are made to accommodate to your medical condition and to obtain agency certification concerning its efforts in this direction. Instructions for use by your agency are on the back of the form.

#### **Standard Form 3105E - Disability Retirement Application Checklist**

This form is to be completed by your employing agency. The purpose of the form is to assure that all documentation obtained by you, and other documentation to be submitted by your agency is included in the package submitted to FERS.

#### **SPECIAL INSTRUCTIONS FOR EMPLOYEES WHO HAVE BEEN SEPARATED FROM FEDERAL SERVICE FOR MORE THAN 31 DAYS**

Your application for disability retirement must be received by the FERS within one year after the date of your separation (see item 5 under "eligibility"). If you have been separated from Federal service for more than 31 days, you should submit your application directly to FERS rather than to your agency. The address is the Office of Personnel Management, Federal Employees' Retirement System, Employee Records and Service Center, P.O. Box 200, Boyers, Pennsylvania 16020. Ask your former supervisor and employing office to complete SF 3105B, SF 3105D, and SF 3105E and provide them to you to send directly to FERS. If you think you will not have the completed package in time to meet the one year deadline, send FERS the completed SF 3107, SF 3105A, and the medical documentation described in SF 3105C, along with the name, address and telephone number of the person(s) you have asked to provide you with the remaining forms.